

CONFIDENTIAL INFORMATION

Delaware County Circuit Court Jury Questionnaire

*** PLEASE PRINT AND USE BLACK INK ***

**** RETURN WITHIN 10 DAYS ****

«JurorNumber»

«FirstName» «LastName» «Suffix»

«AddressLine1»

«CityStateZip»

**** Please enter new address or last
name Address or Name Change(s):**

-
1. Contact Information: Home Phone _____ Work Phone _____
2. City _____ State _____ Zip Code _____
3. Age _____ Date of Birth _____

If you are 75 years of age or older and wish to be excused, please check here ☐

4. Occupation _____ Employer _____
5. Marital Status ____Single ____Married ____Divorced ____Widowed
6. If Married, Spouse's Occupation _____ 6. Number of Children ____

7. Are you a citizen/resident of the United States and Delaware County? _____Yes _____No
8. Are you able to read, speak and understand the English Language? _____Yes _____No
9. Do you suffer from a physical or mental disability that may affect your
ability to serve as juror? _____Yes _____No

If you answered "Yes", a medical statement must be provided by your doctor. (Fax accepted)

10. Are you UNDER eighteen (18) years of age? _____Yes _____No
11. Are you under a sentence imposed for an offense? _____Yes _____No
(Must Provide Cause Number _____)
12. Has a person been appointed as guardian for you due to mental incapacity? _____Yes _____No
(Must Provide Cause Number _____)
13. Have your rights been revoked by reason of a felony conviction or domestic violence and your rights have
not been restored? _____Yes _____No
(Must Provide Cause Number _____)
14. Are you a police officer? _____Yes _____No _____Reserve
15. Have you or anyone close to you ever been an **eyewitness** to a crime? _____Yes _____No
16. Have you or anyone close to you ever been the **victim** of a crime? _____Yes _____No

Date _____ Crime _____

17. Have you or anyone close to you ever been **convicted** of a crime? _____Yes _____No

Date _____ Crime _____

****CONTINUED ON BACK****

Note: This is a two-sided document, make certain you have completed the front

I AFFIRM UNDER THE PENALTIES OF PERJURY THAT MY ANSWERS TO QUESTIONS
NUMBERED ONE (1) THROUGH TWENTY-SIX (26) ARE TRUE TO THE BEST OF MY
KNOWLEDGE AND BELIEF.

Date **Signature**

18. Are you related to or close friends with a law enforcement officer? ____Yes ____No
19. Have you or anyone close to you ever worked in any law-related job? ____Yes ____No
20. Can you be a fair and impartial juror in a CRIMINAL or CIVIL trial? ____Yes ____No
21. Have you or anyone close to you ever been injured in an accident? ____Yes ____No
22. Have you or anyone close to you ever been a party to a lawsuit? ____Yes ____No
23. Have you any preconceptions or attitudes about jury service, the American legal system, the courts,
its officers, and attorneys which you believe would affect your ability to serve as a juror?
____Yes ____No

Explain: _____

24. I have completed a term of jury service within the past twenty-four (24) months preceding my current
selection for jury service and wish to claim an exemption ____Yes ____No
Date you SERVED as a juror _____ **in Circuit Court No.** _____
25. I request deferral of my jury service for a period of ____ (days) or ____ (months) ----
not more than one (1) year because _____
26. I have ____ have not ____ been granted deferral within the past one (1) year
due to undue hardship, extreme inconvenience or public necessity.

Deferral Request

Supervising Judge _____ **Authorized** ____ **Denied** _____

Court Services Use Only